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I....lett County Department of Pub... Health 18878

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PERMIT # 14334 Operation Permit	
☐ New Installation ☐ Septic Tank ☐ Repair ☐ Nitrification Line ☐ Exp	ansion
PROPERTY LOCATIONS R/4/2 Chaistians Confet	
Name: (owner) Compart Hones INC SUBDIVISION Foxest Trails LOT # 60)
Name: (owner) Confect Hones INC SUBDIVISION Foxest Trails LOT # 60 System Installer: Thompson Constant Registration #	
Basement with plumbing: Garage Number of Bedrooms 3	
Type of Water Supply: Community Public Well Distance from well feet	
System Type: 75% NED Type W G Types V and VI Systems expire in 5 years.	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule . 1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other Size of tank: Septic Tank: Other Size of tank: Septic Tank: Other other	gallons
7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ches
French Drain Required: Linear feet	
Authorized State Agent are 5 Man Interes	